

UNITED STATES DISTRICT COURT  
WESTERN DISTRICT OF WASHINGTON  
AT SEATTLE

MICHAEL BILSON, ) CASE NO. C05-0047-JCC-MAT  
)  
Plaintiff, )  
)  
v. ) REPORT AND RECOMMENDATION  
)  
SHERIFF BILL ELFO, et al., )  
)  
Defendants. )  
\_\_\_\_\_ )

INTRODUCTION

Plaintiff Michael Bilson, proceeding *pro se* and *in forma pauperis*, has filed a civil rights action pursuant to 42 U.S.C. § 1983. He alleges that while he was incarcerated in the Whatcom County Jail, he received constitutionally inadequate medical care. Defendants have filed a motion for summary judgment. Plaintiff did not file a response. For the reasons discussed below, the court recommends that defendants's motion be granted and the complaint and this action be dismissed with prejudice.

BACKGROUND

The declarations and medical records submitted by defendants in support of their motion

for summary judgment establish the following facts:

On September 20, 2004, plaintiff was booked into Whatcom County Jail (“Jail”) in Bellingham, Washington. Plaintiff informed Jail staff that he had a history of panic attacks and was on a medication called “Alprazolam.”<sup>1</sup> This medication is considered a narcotic by the Jail and the Jail has a policy against dispensing narcotics because they can be abused – either by an inmate pretending to take them and then selling them to other inmates, or by providing an incentive to attack an inmate to steal the narcotics. (Dkt. #25, Declaration of Wendy Jones). Because narcotics can be abused in this manner, the Jail prefers to dispense an alternative, non-narcotic, medication whenever possible. (*Id.*)

After obtaining a release from plaintiff, Jail staff contacted plaintiff’s doctor in Illinois to inquire about his need for the medication. Plaintiff’s doctor confirmed that plaintiff had a history of panic attacks and was receiving Alprazolam to prevent the attacks. (Dkt. #25, Declaration of Shari Holst at 1). Plaintiff’s doctor also told Jail staff that if plaintiff were confined at the Jail for less than a week, that he should continue to receive Alprazolam. ( *Id.*) Plaintiff’s doctor thus implied that if plaintiff stayed at the Jail for more than one week, it would be acceptable to switch him to a non-narcotic medication.

Plaintiff ended up staying at the Jail until January 20, 2005, for a total of four months.

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<sup>1</sup> Counsel for defendants refers to this medication as “alpazalan,” in the motion for summary judgment, while the Jail’s nurse and psychiatrist refer to it as “Alprazolam.” In this Report & Recommendation, the court will adopt the term “Alprazolam,” since that is the term used by the medical professionals.

01 During that time, he saw a psychiatrist approximately five times.<sup>2</sup> After the first visit on  
02 September 29, 2004, plaintiff was prescribed Remeron for his panic attacks. (Dkt. #25,  
03 Declaration of Dr. Marvin Miller at 2). At his second visit, on October 13, 2004, plaintiff reported  
04 an improvement in sleep and mood, according to the psychiatrist's notes. (*Id.*, Attached Medical  
05 Records at 13). At his third visit, on October 26, 2004, a different psychiatrist examined plaintiff  
06 and noted afterwards that he seemed "accepting of policy re: BZD's [the class of drugs that  
07 includes Alprazolam] – not angry or blaming." (*Id.* at 12).

08 During the month following his third meeting with a psychiatrist, plaintiff appears to have  
09 suffered several panic attacks and requested his old medication on at least two occasions. (Dkt.  
10 #25 at 3). He was examined again on December 3, 2004 and reported having had two severe and  
11 two mild panic attacks. (*Id.* at 4). Plaintiff complained that the Remeron was not effective and  
12 that he did not like its side effects. (*Id.*) The Jail psychiatrist lowered the dosage of Remeron and  
13 prescribed Imipramine to reduce the side effects. (*Id.*)

14 Plaintiff's final examination appears to have been on January 7, 2005. At this visit,  
15 according to the psychiatrist's notes, plaintiff reported that the "panic attacks are a bit better," and  
16 that he slept better. (Dkt. #25, Attached Medical Records at 9). Plaintiff was released from the  
17 Jail on January 20, 2005. (Dkt. #25 at 4).

18 On December 26, 2004, plaintiff signed the complaint in this action. On January 27, 2005,  
19 he was granted *in forma pauperis* status and the complaint was filed. (Dkt. #5). Defendants filed  
20 a motion for summary judgment on August 19, 2005. (Dkt. #25). Plaintiff did not file a response

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22 <sup>2</sup> This number is approximate because defendants' brief is unclear (Dkt. #25 at 3-4) and  
the medical records attached to the brief are difficult to decipher.

01 to the motion. The matter is now ready for review.

02 DISCUSSION

03 Summary judgment is proper only where “the pleadings, depositions, answers to  
04 interrogatories, and admissions on file, together with the affidavits, if any, show that there is no  
05 genuine issue as to any material fact and that the moving party is entitled to judgment as a matter  
06 of law.” Fed. R. Civ. P. 56(c); *Anderson v. Liberty Lobby, Inc.*, 477 U.S. 242, 247 (1986). The  
07 court must draw all reasonable inferences in favor of the non-moving party. *See F.D.I.C. v.*  
08 *O’Melveny & Meyers*, 969 F.2d 744, 747 (9th Cir. 1992), *rev’d on other grounds*, 512 U.S. 79  
09 (1994). The moving party has the burden of demonstrating the absence of a genuine issue of  
10 material fact for trial. *See Anderson*, 477 U.S. at 257. Mere disagreement, or the bald assertion  
11 that a genuine issue of material fact exists, no longer precludes the use of summary judgment. *See*  
12 *California Architectural Bldg. Prods., Inc., v. Franciscan Ceramics, Inc.*, 818 F.2d 1466, 1468  
13 (9th Cir. 1987).

14 In addition, the Ninth Circuit has articulated a party’s duty to respond to a motion for  
15 summary judgment as follows: “When a party you are suing makes a motion for summary  
16 judgment that is properly supported by declarations (or other sworn testimony), *you cannot simply*  
17 *rely on what your complaint says*. Instead, you must set out specific facts in declarations,  
18 deposition, answers to interrogatories, or authenticated documents . . . that contradict the facts  
19 shown in the defendant’s declarations and documents . . .” *Rand v. Rowland*, 154 F.3d 952, 962-  
20 963 (9<sup>th</sup> Cir. 1998) (emphasis added). Plaintiff was given this precise warning by the court when  
21 it issued the order setting deadlines for discovery and dispositive motions in this matter. (Dkt.  
22 #23).

01 As previously mentioned, plaintiff alleges that Jail staff denied him constitutionally  
02 adequate medical care by failing to provide Alprazolam for his panic attacks. In order to succeed  
03 on such a claim, plaintiff must show that “the denial amounts to *deliberate indifference* to serious  
04 medical needs of the prisoners.” *Toussaint v. McCarthy*, 801 F.2d 1080, 1111 (9th Cir. 1986)  
05 (emphasis added). “While poor medical treatment will at a certain point rise to the level of  
06 constitutional violation, mere malpractice, or even gross negligence, does not suffice.” *Wood v.*  
07 *Housewright*, 900 F.2d 1332, 1334 (9th Cir. 1990). *See Estelle v. Gamble*, 429 U.S. 97, 106  
08 (1976) (“Medical malpractice does not become a constitutional violation merely because the victim  
09 is a prisoner.”) Rather, prison officials are deliberately indifferent to a prisoner’s serious medical  
10 needs when they deny, delay or intentionally interfere with medical treatment. *See* 801 F.2d at  
11 1111.

12 Here, defendants have produced evidence that they were aware of plaintiff’s history of  
13 panic attacks and provided treatment to him. Due to the danger of abuse, the Jail provided a non-  
14 narcotic substitute to the medication plaintiff had been receiving. This plan was approved by  
15 plaintiff’s own doctor. Plaintiff, however, was not satisfied with the course of treatment. While  
16 it is regrettable that plaintiff was unable to receive his preferred medication while in Jail, plaintiff  
17 has not shown that the Jail denied, delayed, or intentionally interfered with his medical treatment.  
18 Therefore, he has not shown “deliberate indifference” on the part of Jail staff regarding his medical  
19 care. In sum, plaintiff has not satisfied his burden of showing that a genuine issue of material fact  
20 exists regarding his claim that defendants provided inadequate medical care. Accordingly, the  
21 court recommends that defendants’s motion for summary judgment be granted.

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CONCLUSION

For the foregoing reasons, the court recommends that defendants's motion for summary judgment be granted and this action be dismissed with prejudice. A proposed Order accompanies this Report and Recommendation.

DATED this 27th day of September, 2005.



Mary Alice Theiler  
United States Magistrate Judge